

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



August 8, 1983

ALL-COUNTY INFORMATION NOTICE I- 85-83

TO: All County Welfare Directors

SUBJECT: THE BUDGET ACT OF 1983 COST-OF-LIVING ADJUSTMENTS THAT AFFECT
IN-HOME SUPPORTIVE SERVICES AND OUT-OF-HOME CARE SERVICES FOR ADULTS
REFERENCE:

As part of the Budget Act of 1983, cost-of-living adjustments were made to In-Home Supportive Services (IHSS) benefit maximums and Supplemental Security Income/State Supplemental Program (SSI/SSP) benefits. Benefits are effective July 1, 1983 with some SSI/SSP adjustments again January 1, 1984.

A. The July 1, 1983 - June 30, 1984 IHSS benefit maximums are:

1. Severely Impaired \$872.00 (MPP 30-765.111)
2. Non-severely Impaired \$604.00 (MPP 30-765.121)
3. Restaurant Meal Allowance:
 - a. Individual \$ 49.00 (MPP 30-757.134(a)(1)(A))
 - b. Couple \$ 98.00 (MPP 30-757.134(a)(1)(A))

B. The following benefit levels shall be used in determining the IHSS share of cost for those recipients who are IHSS income eligible. Any share of cost adjustments for individual IHSS recipients should be made retroactive to July 1, 1983.

1. The July 1, 1983 - December 31, 1983 SSI/SSP benefit payment levels are:

	<u>Own Home</u>	<u>Household of another*</u>	<u>Independent Living Arrangement Without Cooking Facilities</u>
a. Benefit levels for individuals:			
o Aged or Disabled ... \$	461.00	\$359.57	\$509.00
o Blind	516.00	414.57	--
o Disabled minor	368.00	266.57	--

	<u>Own Home</u>	<u>Household of another*</u>	<u>Independent Living Arrangement Without Cooking Facilities</u>
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b. Benefit level for couples:

o Aged or Disabled ...	\$ 853.00	\$700.87	\$950.00
o Blind	1,000.00	847.87	--
o Blind/Aged or Disabled	944.00	791.87	--

2. The January 1, 1984 - December 31, 1984 SSI/SSP benefit payment levels are:

a. Benefit level for individuals:

o Aged or Disabled ...	\$ 477.00	\$372.34	\$528.00
o Blind	535.00	430.34	--
o Disabled minor	378.00	273.34	--

b. Benefit level for couples:

o Aged or Disabled ...	\$ 886.00	\$728.67	\$989.00
o Blind	1,041.00	883.67	--
o Blind/Aged or Disabled	982.00	824.67	--

* Any recipient living in the household of another and receiving free room and board is considered to be receiving in-kind income. Federal regulations reduce the benefit level for these individuals by one-third (1/3) of the federal SSI benefit to allow for in-kind income. This reduction equals \$101.43 (\$104.66 effective January 1, 1984) for an individual and \$152.13 (\$157.33 effective January 1, 1984) for a couple.

C. Consistent with the SSI/SSP benefit payment level adjustments, the following changes should be made to the allowances shown on Forms SOC 294A (IHSS Income Eligibility-Adult) and SOC 294C (IHSS Income Eligibility-Child). See attachments for illustration.

7/1/83-	1/1/84-
<u>12/31/83</u>	<u>12/31/84</u>

1. SOC 294A:

a. Change allowances in Column B, row 2a to:	\$152.10	\$157.00
b. Change allowances in Column B, row 6 to:	\$152.10	\$157.00
c. Change allowances in Column B, row 19 to:	\$152.10	\$157.00

2. SOC 294C:

a. Change allowances in Column A, row 2a to:	\$152.10	\$157.00
b. Change allowances in Column A, row 6b to:	(1) \$608.60	(1) \$628.00
	(2) \$912.80	(2) \$944.00
c. Change allowances in Column A, rows 7b & 8i to:	(1) \$304.30	(1) \$314.00
	(2) \$456.40	(2) \$472.00

D. Nonmedical Board and Care rates are increased as follows:

1. Residents of nonmedical "out-of-home care" facility July 1, 1983 - December 31, 1983		<u>Minimum</u>	<u>Maximum</u>
a. Board and room	\$222.00	\$222.00	
b. Care and supervision	191.00	237.00	
c. Personal and incidental needs	107.00	61.00	
d. Total individual	\$520.00	\$520.00	
2. Residents of nonmedical "out-of-home care" facility January 1, 1984 - December 31, 1984		<u>Minimum</u>	<u>Maximum</u>
a. Board and room	\$230.00	\$230.00	
b. Care and supervision	198.00	246.00	
c. Personal and incidental needs	111.00	63.00	
d. Total individual	\$539.00	\$539.00	
3. Residents of nonmedical "out-of-home care" determined to be household of another (MPP 46-325.31)		<u>7/1/83- 12/31/83</u>	<u>1/1/84- 12/31/84</u>
a. Total individual	\$418.57	\$434.34	
b. Total couple	\$882.87	\$920.67	

If you have any questions regarding the above information, please contact Adult Services Program Relations Bureau at (916) 322-6671.



JAMES W. BROWN
Acting Deputy Director
Adult and Family Services

Attachment

cc: CWDA

IHSS INCOME ELIGIBILITY — ADULT
July 1, 1983 - December 31, 1983

Name _____ Case No. _____ Month _____

RECIPIENT

SPOUSE

A. Income of aged, blind or disabled individual or couple (if individual has spouse not aged, blind or disabled, also complete Part B)

	UNEARNED	EARNED
1. Unearned income (list) (Do not show exempt income)		
a.	\$	
b.	\$	
c.	\$	
2. Total unearned income (A1a to A1c)	\$	
3. Any income exclusion	\$20	
4. Net unearned income (A2 minus A3)	\$	
5. Earned income (Do not show exempt income)		\$
6. Unused \$20 exclusion (If A3 is greater than A2, enter the difference)		\$
7. Earned income exclusion		\$65
8. Total exclusions (A6 plus A7)		\$
9. Remaining earned income (A5 minus A8)		\$
10. Net earned income (A9 X ½)		\$
11. Other earned income deductions		\$
12. Total net earned income (A10 minus A11)		\$
13. Total countable income (A4 plus A12)	\$	

B. Income of aged, blind or disabled individual and spouse who is not aged, aged, blind or disabled.

	UNEARNED	EARNED
1. Income of client's spouse*	\$	\$
2. Allowance for children not blind or disabled.		
a. Children's needs	\$152.10	\$152.10
b. Children's income*	\$	\$
c. Net needs (a - b)	\$	\$
d. Total allowance (add B2 c's)	\$	
3. Remaining unearned income (B1 minus B2d)	\$	
4. Unmet children's needs (If B2d is greater than B1 unearned, enter the difference)		\$
5. Remaining earned income (B1 minus B4)		\$
6. Net income of spouse (B3 plus B5) — If equal to or less than \$152.10 A13 is entered in C1 — If greater than \$152.10 complete B7 through B20		\$
7. IHSS client's income (From A2 and A5)	\$	\$
8. Income of couple (B3 plus B7 unearned, B5 plus B7 earned)	\$	\$
9. Any income exclusion	\$20	
10. Net unearned income (B8 minus B9)	\$	
11. Unused \$20 exclusion (If B9 is greater than B8 unearned, enter the difference)		\$
12. Earned income exclusion		\$65
13. Total exclusions (B11 plus B12)		\$
14. Remaining earned income (B8 minus B13)		\$
15. Net earned income (B14 X ½)		\$
16. Other earned income deductions		\$
17. Total net earned income (B15 minus B16)		\$
18. Total countable income (B10 plus B17)	\$	
19. Needs of spouse	\$ 152.10	
20. Net countable income (B18 minus B19)	\$	

C. SHARE OF COST

1. Countable income (higher of A13 or B20)	\$
2. SSI/SSP payment level	\$
3. IHSS share of cost (C1 minus C2)**	\$

* If there is also a blind or disabled child in the family, the share of cost shown in Line C3 is not paid. Enter this amount on Form SOC 294C, Line A9. The share of cost will be the amount determined in SOC 294C, Line B16.

Worker _____

Date _____

IHSS INCOME ELIGIBILITY — CHILD **July 1, 1983 - December 31, 1983**

Name _____

Case No. _____ Month _____

PARENT**RECIPIENT**

A. Income deemed to a blind or disabled child living at home who is under 18 or 18 — 21 and in school.

☐ Income of parent and parent's spouse where neither is aged, blind or disabled.

	Unearned	Earned
1. Gross income*	\$	\$
2. Allowance for children not blind or disabled		
a. Children's needs	\$152.10	\$152.10
b. Children's income*	\$	\$
c. Net needs (a minus b)	\$	\$
d. Total allowance (add A2c's)	\$	
3. Remaining unearned income (A1 minus A2d)	\$	
4. Unmet children's needs (If A2d is greater than A1 unearned, enter the difference)		\$
5. Remaining earned income (A1 minus A4)		\$
6. If remaining income is EARNED only:		
a. \$85 exclusion		\$ 85
b. Allowance for parent and spouse		
(1) \$608.60 (2) \$912.80		\$
c. Total exclusions (A6a plus A6b)		\$
d. Income deemed to child (A5 minus A6c)		\$
7. If remaining income is UNEARNED only:		
a. Any income exclusion	\$ 20	
b. Allowance for parent and spouse		
(1) \$304.30 (2) \$456.40	\$	
c. Total exclusions (A7a plus A7b)	\$	
d. Income deemed to child (A3 minus A7c)	\$	
8. If income is UNEARNED and EARNED:		
a. Any income exclusion	\$ 20	
b. Net unearned income (A3 minus A8a)	\$	
c. Unused \$20 exclusion (If A8a is greater than A3, enter the difference)		\$
d. Earned income exclusion		\$ 65
e. Total exclusions (A8c plus A8d)		\$
f. Earned income (A5 minus A8e)		\$
g. Net earned income (A8f X ½)		\$
h. Total income (A8b plus A8g)	\$	
i. Allowance for parent and spouse		
(1) \$304.30 (2) \$456.40	\$	
j. Income deemed to child (A8h minus A8i)	\$	
<input type="checkbox"/> Income of parent(s) where one or both are aged, blind or disabled.		
9. Parent(s) income in excess of SSI/SSP payment level (from SOC 294A c3)	\$	

B. IHSS share of cost computation for blind or disabled child who is under 18 or 18 — 21, in school and living at home.

	Unearned	Earned
1. Income deemed to child (from A6d, A7d, A8j or A9)**	\$	
2. Unearned income (list) (Do not show exempt income)		
a.	\$	
b.	\$	
c.	\$	
3. Total unearned income (B1 plus B2)	\$	
4. Any income exclusion	\$ 20	
5. Net unearned income (B3 minus B4)	\$	
6. Earned income (Do not show exempt income)		\$
7. Unused \$20 exclusion (If B4 is greater than B3, enter the difference)		
8. Earned income exclusion		\$ 65
9. Total exclusions (B7 plus B8)		\$
10. Remaining earned income (B6 minus B9)		\$
11. Net earned income (B10 X ½)		\$
12. Other earned income deductions		\$
13. Total net earned income (B11 minus B12)		\$
14. Total countable income (B5 plus B13)	\$	
15. SSI/SSP payment level	\$	
16. IHSS share of cost (B14 minus B15)	\$	

* Note: If more than 1 eligible child, divide deamable income equally among them, except that if one child has excess income, it is deemed to other eligible children.

Worker _____

Date _____

SSI INCOME ELIGIBILITY – ADULT January 1, 1984 - December 31, 1984

Name _____ Case No. _____ Month _____

RECIPIENT**SPOUSE**

A. Income of aged, blind or disabled individual or couple (if individual has spouse not aged, blind or disabled, also complete Part B)

	UNEARNED	EARNED
1. Unearned income (list) (Do not show exempt income)		
a.	\$	
b.	\$	
c.	\$	
2. Total unearned income (A1a to A1c)	\$	
3. Any income exclusion	\$20	
4. Net unearned income (A2 minus A3)	\$	
5. Earned income (Do not show exempt income)		\$
6. Unused \$20 exclusion (If A3 is greater than A2, enter the difference)		\$
7. Earned income exclusion		\$65
8. Total exclusions (A6 plus A7)		\$
9. Remaining earned income (A5 minus A8)		\$
10. Net earned income (A9 X ½)		\$
11. Other earned income deductions		\$
12. Total net earned income (A10 minus A11)		\$
13. Total countable income (A4 plus A12)	\$	

B. Income of aged, blind or disabled individual and spouse who is not aged, aged, blind or disabled.

	UNEARNED	EARNED
1. Income of client's spouse *	\$	\$
2. Allowance for children not blind or disabled.		
a. Children's needs	\$157	\$157
b. Children's income *	\$	\$
c. Net needs (a – b)	\$	\$
d. Total allowance (add B2 c's)	\$	
3. Remaining unearned income (B1 minus B2d)	\$	
4. Unmet children's needs (If B2d is greater than B1 unearned, enter the difference)		\$
5. Remaining earned income (B1 minus B4)		\$
6. Net income of spouse (B3 plus B5)		
– If equal to or less than \$157 A13 is entered in C1		
– If greater than \$157 complete B7 through B20		
7. IHSS client's income (From A2 and A5)	\$	\$
8. Income of couple (B3 plus B7 unearned, B5 plus B7 earned)	\$	\$
9. Any income exclusion	\$20	
10. Net unearned income (B8 minus B9)	\$	
11. Unused \$20 exclusion (If B9 is greater than B8 unearned, enter the difference)		\$
12. Earned income exclusion		\$65
13. Total exclusions (B11 plus B12)		\$
14. Remaining earned income (B8 minus B13)		\$
15. Net earned income (B14 X ½)		\$
16. Other earned income deductions		\$
17. Total net earned income (B15 minus B16)		\$
18. Total countable income (B10 plus B17)	\$	
19. Needs of spouse	\$157	
20. Net countable income (B18 minus B19)	\$	

C. SHARE OF COST

1. Countable income (higher of A13 or B20)	\$
2. SSI/SSP payment level	\$
3. IHSS share of cost (C1 minus C2)**	\$

* If there is also a blind or disabled child in the family, the share of cost shown in Line C3 is not paid. Enter this amount on Form SOC 294C, Line A9. The share of cost will be the amount determined in SOC 294C, Line B16.

Worker _____

Date _____

IHSS INCOME ELIGIBILITY — CHILD January 1, 1984 - December 31, 1984

Name _____

Case No. _____

Month _____

PARENT**RECIPIENT**

A. Income deemed to a blind or disabled child living at home who is under 18 or 18 — 21 and in school.

☐ Income of parent and parent's spouse where neither is aged, blind or disabled.

Unearned**Earned**

1. Gross income*

\$

\$

2. Allowance for children not blind or disabled

a. Children's needs

\$157

\$157

\$157

b. Children's income*

\$

\$

\$

c. Net needs (a minus b)

\$

\$

\$

d. Total allowance (add A2c's)

\$

3. Remaining unearned income (A1 minus A2d)

\$

4. Unmet children's needs (If A2d is greater than A1 unearned, enter the difference)

\$

5. Remaining earned income (A1 minus A4)

\$

6. If remaining income is EARNED only:

a. \$85 exclusion

\$ 85

b. Allowance for parent and spouse

(1) \$ 628 (2) \$ 944

\$

c. Total exclusions (A6a plus A6b)

\$

d. Income deemed to child (A5 minus A6c)

\$

7. If remaining income is UNEARNED only:

a. Any income exclusion

\$ 20

b. Allowance for parent and spouse

(1) \$ 314 (2) \$ 472

\$

c. Total exclusions (A7a plus A7b)

\$

d. Income deemed to child (A3 minus A7c)

\$

8. If income is UNEARNED and EARNED:

a. Any income exclusion

\$ 20

b. Net unearned income (A3 minus A8a)

\$

c. Unused \$20 exclusion (If A8a is greater than A3, enter the difference)

\$

d. Earned income exclusion

\$ 65

e. Total exclusions (A8c plus A8d)

\$

f. Earned income (A5 minus A8e)

\$

g. Net earned income (A8f X ½)

\$

h. Total income (A8b plus A8g)

\$

i. Allowance for parent and spouse

(1) \$ 314 (2) \$ 472

\$

j. Income deemed to child (A8h minus A8i)

\$

☐ Income of parent(s) where one or both are aged, blind or disabled.

Parent(s) income in excess of SSI/SSP payment level (from SOC 294A c3)

\$

B. IHSS share of cost computation for blind or disabled child who is under 18 or 18 — 21, in school and living at home.

Unearned**Earned**

1. Income deemed to child (from A6d, A7d, A8j or A9)**

\$

2. Unearned income (list) (Do not show exempt income)

a.

\$

b.

\$

c.

\$

3. Total unearned income (B1 plus B2)

\$

4. Any income exclusion

\$ 20

5. Net unearned income (B3 minus B4)

\$

6. Earned income (Do not show exempt income)

7. Unused \$20 exclusion (If B4 is greater than B3, enter the difference)

8. Earned income exclusion

\$ 65

9. Total exclusions (B7 plus B8)

\$

10. Remaining earned income (B6 minus B9)

\$

11. Net earned income (B10 X ½)

\$

12. Other earned income deductions

\$

13. Total net earned income (B11 minus B12)

\$

14. Total countable income (B5 plus B13)

\$

15. SSI/SSP payment level

\$

16. IHSS share of cost (B14 minus B15)

\$

* Note: If more than 1 eligible child, divide deernable income equally among them, except that if one child has excess income, it is deemed to other eligible children.

Worker _____

Date _____